

## 2007 DURANGO ZONE BASIC WILDLAND REFRESHER TRAINING

Sign up for Refresher and pack tests conducted at Durango Public Lands Center in the Dispatch Office

Dates	Course Location Address	Course Location City	Course Coordinator
July 9, 2007 0800 - 1600	Mesa Verde Rec Hall	Mesa Verde National Park	Brad Harris 970-529-5066

CLASSES AVAILABLE AT SAN JUAN BASIN TECHNICAL SCHOOL Send all applications for classes with San Juan Basin Technical School, to the school, FAX 970-565-8450. Phone 970-565-8457  
E-Mail: [bsteerman@sjbtc](mailto:bsteerman@sjbtc)

Course	Dates	Cost	Course Instructor

## 2007 DURANGO ZONE WORK CAPACITY TEST (PACK TEST) SCHEDULE

### THREE CATAGORIES FOR THE WORK CAPACITY TEST REQUIREMENTS

1. ARDUOUS\* – (Must have Medical Examination) PACK TEST. 3 MILE WALK WITH A 45 POUND PACK WITHIN 45 MINUTES.
2. MODERATE – FIELD TEST. 2 MILE WALK WITH 25 POUND PACK WITHIN 30 MINUTES.
3. LIGHT – WALK TEST. 1 MILE WALK WITHIN 16 MINUTES.

All medical exams and forms must be complete prior to taking the pack test.

**\*Medical examinations of wildland firefighter applicants and incumbents are to be conducted as a *pre-placement* exam for all permanently-employed individuals who are to be assigned to roles that involve the arduous level of wildland fire fighting, and then every five years thereafter until age 45, at which time the frequency of exams changes to every three years.**

**2006, All San Juan Public Lands employees in fire positions must take the baseline physical examination. All ADs over 45 years of age must have annual physical.**

**For more information go to web site: [www.nifc.gov/medical\\_standards/](http://www.nifc.gov/medical_standards/) or contact Mark Lauer.**

All moderate and light Work Capacity Test candidates are required to have a completed a “Health Screening Questionnaire” and “Informed Consent Form” prior to consideration for participation in the Work Capacity Test. Depending on how you answer the questions on the “Health Screening Questionnaire”, you may be required to get a “Certification of Medical Examination” signed off by an approved Physician.

**See the forms on the following pages:**

**Page 5 - Work Capacity Test, Informed Consent – (FS-5100-30)**

**Page 6 - Health Screen Questionnaire (HSQ) (FS-5100-31)**

**Address all questions on medical screening to Mark Lauer at 385-1346.**

## Work Capacity Test: Informed Consent

- **Pack Test- Arduous** The 3-mile test with a 45 pound pack in 45 minutes is strenuous, but no more so than the duties of wildland firefighting.
- **Field Test-Moderate** The 2-mile test with a 25 pound pack in 30 minutes is fairly strenuous, but no more so than the field duties.
- **Walk Test-Light** The 1-mile walk in 16 minutes is moderately strenuous, but no more so than the duties assign.

### Risks

- There is a slight risk of injury (blisters, sore legs, sprained ankles) especially for those who have not practiced the test. If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of specific training before you take the test. Be certain to warm up and stretch before taking the test, and to cool down after the test. The risk of more serious consequences (such as respiratory or heart problems) is diminished by completing the **(HSQ)** physical activity readiness questionnaire.

☐ I have read the information on this form, the brochure "Work Capacity Test" and understand the purpose, instructions, and risks of the job related to work capacity test.

☐ I have read the information, understood, and truthfully answered the HSQ.

**Test to be Taken (check one)** Pack test ☐ Field Test ☐ Walk Test ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### Privacy Statement

The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland firefighting can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health. Its collection and use are covered under Privacy Act System of Records OPM/Govt-10 and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0164. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 975-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

# **HEALTH SCREENING QUESTIONNAIRE (HSQ)**

## ***Assess your health needs by marking all true statements.***

The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

Check 'Yes' or 'No' in response to the following questions:

- ☐Y ☐N 1) During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest.
- ☐Y ☐N 2) During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?
- ☐Y ☐N 3) Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
- ☐Y ☐N 4) Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
- ☐Y ☐N 5) Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?
- ☐Y ☐N 6) Do you have a resting pulse greater than 100 beats per minute?
- ☐Y ☐N 7) Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?
- ☐Y ☐N 8) Do you have personal experience or doctor's advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
- ☐Y ☐N 9) Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?

Regardless whether you are taking the Work Capacity test at the Arduous, Moderate or Light duty level, a "Yes" answer requires a determination from your personal physician stating that you are able to participate. For Arduous Duty Employees, if you do not have a personal physician determination allowing you to take the Work Capacity Test, the FMO may request an Annual Form examination through the Interagency Wildland Firefighter Medical Standards Program.

I understand that if I need to be evaluated, it will be based on the fitness requirements of the position(s) for which I am qualified.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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